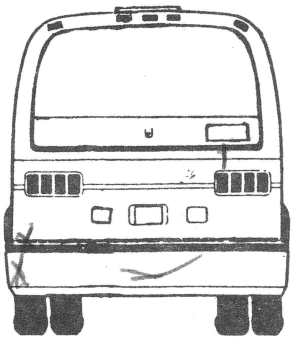
VEHICLE CONDITION REPORT
MASSACHUSETTS BAY TRANSPORTATION AUTHORITY

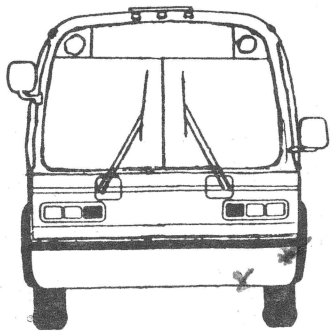
5008568

AREA: 129
DATE: 2-21-10
VEHICLE: ~~107~~

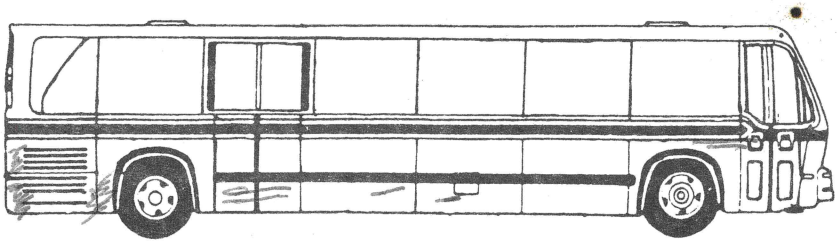
	OPER. NAME	NUMBER	RUN	TIME
1.	NORMAL	69632	9026	7:28A
2.				
3.				
4.				
5.				



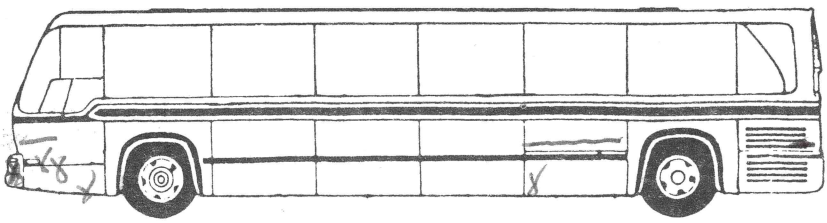
REAR END VIEW



FRONT END VIEW



RIGHT SIDE VIEW



LEFT SIDE VIEW

INSPECTOR _____ TIME _____AM/PM

ENTERING	DEFECTS
Fire Extinguisher	_____
Chock Blocks (2)	_____
Operating Permits (3)	_____
Stairwell Hazards	_____
Mirrors	_____
Operator's Seat	_____
Seat Belt	_____

REAR:	DEFECTS
Marker Lights	_____
Vandal Lights	_____
Rear Window	_____
Motor Compartment Door	_____
Lights, Tail, Brake	_____
Turn Signals	_____
License Plate	_____
Fluid Leaks	_____
Destination Sign	_____

FIRST SEAT CHECK	DEFECTS
Parking Brake	_____
Foot Brake	_____
Spring Brake	_____
Air Leaks	_____
Low Air Buzzer	_____
Horn	_____
Reverse Gear	_____
Front & Rear Doors	_____
Fare Box	_____
Windshield Wipers & Washer	_____
Kneeler	_____
Door Interlock	_____
Lift	_____
Radio Operation	_____

RIGHT SIDE:	DEFECTS
Turn Signals	_____
Compartments	_____
Rear Tire, Wheel, Lugs	_____
Side Windows	_____
Front Tire, Wheel, Lugs	_____
Marker Lights	_____
Fuel Door & Cap	_____
Destination Sign	_____

INTERIOR	DEFECTS
Tripping Hazards	_____
Wheel Chair Seats	_____
Rear Stairwell	_____
Emergency Exits	_____
Side Signs	_____
Buzzer	_____
Grab Bars	_____
Seats	_____
Interior Lights	_____
Roof Hatches	
Heater Body	_____
Heater Operator	_____
Defroster	_____
OTHER	_____

EXTERIOR CHECK

FRONT:	DEFECTS
Front Marker Lights	_____
Vandal Lights	_____
Destination Sign	_____
Windshields	_____
Wiper Arm & Blades	_____
Turn Signals	_____
Head Lights	_____
License Plate	_____
Damage	_____

LEFT SIDE:	DEFECTS
Marker Lights	_____
Side Windows	_____
Left Side Mirror	_____
Front Tire, Wheel, Lug Nuts	_____
Compartment Doors	_____
Rear Tires, Wheel, Lug Nuts	_____
Rt. #	_____
Time	_____
Trips Lost	_____

OPERATION OF BUS	YES	NO
Defect Reported at Garage	___	___
Was Bus Involved in Accident?	___	___
Was Bus Disabled?	___	___
ROAD SERVICE SECTION		
Vehicle Checked	___	___
Left In Service	___	___
Driven To Garage	___	___
Left To Be Towed?	___	___
Time Left To Be Towed	_____ M	
Time Towed	_____ M	

EXPLAIN DEFECT(S) _____

_____

_____

_____

INSPECTOR'S NAME _____ DATE _____ BADGE NO. _____